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MONTANA STATE UNIVERSITY-BILLINGS

2005-2007 Undergraduate Catalog

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The College of Technology Nursing, Health & Safety Occupations Center of Excellence

I. Medical Assisting (AAS)

The Medical Assisting program is an Associate of Applied Science degree program.

Medical assistants work in physician's offices and clinics as a team member. The assistant may perform both clinical duties, assist the primary care giver and/or work in the front office with administrative duties. They will work primarily under the guidance of physicians or podiatrists in administering to the needs of patients.

The duties of the medical assistant are quite varied depending on the medical office. The medical assistant may perform clinical skills such as vital signs, taking a patient history, EKG, lab procedures, venipuncture, administration of medication, and setting up and assisting with exams. The medical assistant may also perform administrative skills such as scheduling, medical records management, accounting, insurance billing, database management, medical transcription, and procedural and diagnostic coding.

Due to changes in the delivery of health care, the need for medical assistants has created a growing opportunity for employment in the medical field. The health services industry is expanding due to technological advances in medicine and a growing and aging population. New methods and personnel are part of the solution to keep pace with these changes. Employment of medical assistants is projected to grow much faster than the statewide average for all occupations in Montana through 2008.

Competencies: This program will allow students to meet or exceed the following categories of competencies:

- Administrative: Perform clerical functions, perform bookkeeping procedures, prepare special accounting entries, and process insurance claims.
- Clinical: Fundamental principles, specimen collection, diagnostic testing, and patient care.
- Transdisciplinary: Communication, legal concepts, patient instruction, and operational functions.

Note: If any physical limitations exist which might impair the ability of a student to fully perform required activities, a letter written by the physician attending the student should be sent to the College of Technology. The letter must state that no risk to the student or potential patient exists should the student be required to provide medical services to the patient.

Medical Assistant Plan of Study

First Semester	Credits
BIOL 116 Human Anatomy and Physiology II	3
BIOL 117 Human Anatomy and Physiology II Lab	1
CMP 118 Word	3
HLTH 105 Drug Dosage Calculations	1
CTBU 131 Records and Information Management	3
CTBU 252 Medical Coding	3
NURS 102 Pharmacology I	2
Total	16
Second Semester	

CTBU 101 Accounting Procedures I	4
CTBU 153 Medical Transcription	3
CTBU 251 Medical Office Procedures	3
MEDA 124 Medical Assisting Clinical Procedures I	4
MEDA 125 Medical Assisting Clinical Procedures I Lab	1
CTHO 103 Basic Psychology	3
Total	18
Third Semester	
COMT 109 Human Relations	3
HLTH 255 Medical Law and Ethics	3
MEDA 224 Medical Assisting Clinical Procedures II	3
MEDA 225 Medical Assisting Clinical Procedures II Lab	2
MEDA 279 Externship	3
Total	14

NEXT: Requirements - Paramedic AAS

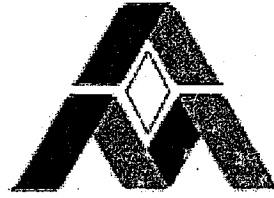
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Send comments, corrections to webmaster@msubillings.edu

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Distributed at BOME
committee on rules meeting
3/19/04.



Medical Assistant Scope of Practice

4085
202
2956

American Association of Medical Assistants
20 N. Wacker Drive #1575
Chicago, IL 60606-2903
www.aama-ntl.org



Medical Assisting Career

Job prospects should be best for medical assistants with formal training or experience. Medical assisting is expected to be one of the 10 fastest growing occupations through the year 2008.

Medical assistants perform routine administrative and clinical tasks to keep the offices and clinics of physicians, podiatrists, chiropractors, and optometrists running smoothly. They should not be confused with physician assistants who examine, diagnose, and treat patients under the direct supervision of a physician.

The duties of medical assistants vary from office to office, depending on office location, size, and specialty. In small practices, medical assistants are usually "generalists," handling both administrative and clinical duties and reporting directly to an office manager, physician, or other health practitioner. Those in large practices tend to specialize in a particular area under the supervision of department administrators.

Medical assistants perform many administrative duties. They answer telephones, greet patients, update and file patient medical records, fill out insurance forms, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.

Clinical duties vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination, and assisting the physician during the examination. Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises, dispose of contaminated supplies, and sterilize medical instruments. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for x-rays, take electrocardiograms, remove sutures, and change dressings.

Medical assistants may also arrange examining room instruments and equipment, purchase and maintain supplies and equipment, and keep waiting and examining rooms neat and clean.

Assistants who specialize have additional duties. Podiatric medical assistants make castings of feet, expose and develop x-rays, and assist podiatrists in surgery. Ophthalmic medical assistants help ophthalmologists provide medical eye care. They administer diagnostic tests, measure and record vision, and test the functioning of eyes and eye muscles. They also show patients how to use eye dressings, protective shields, and safety glasses, and how to insert, remove, and care for contact lenses. Under the direction of the physician, they may administer medications, including eye drops. They also maintain optical and surgical instruments and assist the ophthalmologist in surgery.

Working Conditions

Medical assistants work in well-lighted, clean environments. They constantly interact with other people, and may have to handle several responsibilities at once.

Most full-time medical assistants work a regular 40-hour week. Some work part-time, evenings, or weekends.

Employment

Medical assistants held about 252,000 jobs in 1998. Sixty-five percent were in physicians' offices,

and 14 percent were in offices of other health practitioners such as chiropractors, optometrists, and podiatrists. The rest were in hospitals, nursing homes, and other health care facilities.

Training, Other Qualifications, and Advancement

Most employers prefer to hire graduates of formal programs in medical assisting. Such programs are offered in vocational-technical high schools, postsecondary vocational schools, community and junior colleges, and in colleges and universities. Postsecondary programs usually last either one year, resulting in a certificate or diploma, or two years, resulting in an associate degree. Courses cover anatomy, physiology, and medical terminology, as well as typing, transcription, recordkeeping, accounting, and insurance processing. Students learn laboratory techniques, clinical and diagnostic procedures, pharmaceutical principles, medication administration, and first aid. They study office practices, patient relations, medical law, and ethics. Accredited programs include an externship that provides practical experience in physicians' offices, hospitals, or other health care facilities.

Although formal training in medical assisting is available, such training-while generally preferred-is not always required. Some medical assistants are trained on the job, although this is less common than in the past. Applicants usually need a high school diploma or the equivalent. Recommended high school courses include mathematics, health, biology, typing, bookkeeping, computers, and office skills. Volunteer experience in the health care field is also helpful.

Two agencies accredit programs in medical assisting: the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES). In 1999, there were about 450 medical assisting programs accredited by CAAHEP and over 140 accredited by ABHES. The Committee on Accreditation for Ophthalmic Medical Personnel accredited 14 programs in ophthalmic medical assisting.

Although there is no licensing for medical assistants, some states require them to take a test or a short course before they can take x-rays or perform other specific clinical tasks.

Employers prefer to hire experienced workers or certified applicants who have passed a national examination, indicating that the medical assistant meets certain standards of competence. The American Association of Medical Assistants awards the Certified Medical Assistant credential; the American Medical Technologists awards the Registered Medical Assistant credential; the American Society of Podiatric Medical Assistants awards the Podiatric Medical Assistant Certified credential; and the Joint Commission on Allied Health Personnel in Ophthalmology awards the Ophthalmic Medical Assistant credential at three levels: Certified Ophthalmic Assistant, Certified Ophthalmic Technician, and Certified Ophthalmic Medical Technologist.

Because medical assistants deal with the public, they must be neat and well-groomed and have a courteous, pleasant manner. Medical assistants must be able to put patients at ease and explain physicians' instructions. They must respect the confidential nature of medical information. Clinical duties require a reasonable level of manual dexterity and visual acuity.

Medical assistants may be able to advance to office manager. They may qualify for a variety of administrative support occupations, or may teach medical assisting. Some, with additional education, enter other health occupations such as nursing and medical technology.

Job Outlook

Employment of medical assistants is expected to grow much faster than the average for all occupations through the year 2008 as the health services industry expands due to technological advances in medicine, and a growing and aging population. It is one of the fastest growing occupations.

Employment growth will be driven by the increase in the number of group practices, clinics, and other health care facilities that need a high proportion of support personnel, particularly the flexible medical assistant who can handle both administrative and clinical duties. Medical assistants primarily work in outpatient settings, where much faster than average growth is expected.

In view of the preference of many health care employers for trained personnel, job prospects should be best for medical assistants with formal training or experience, particularly those with certification.

Earnings

The earnings of medical assistants vary, depending on experience, skill level, and location. Median annual earnings of medical assistants were \$20,680 in 1998. The middle 50 percent earned between \$17,020 and \$24,340 a year. The lowest 10 percent earned less than \$14,020 and the highest 10 percent earned more than \$28,640 a year. Median annual earnings in the industries employing the largest number of medical assistants in 1997 were as follows:

Office/clinic of medical doctor \$20,800
Hospital 20,400
Office of osteopathic physician 19,600
Health and allied services 19,300
Office of other health practice 18,500

Related Occupations

Workers in other medical support occupations include medical secretaries, hospital admitting clerks, pharmacy helpers, medical record clerks, dental assistants, occupational therapy aides, and physical therapy aides.

Excerpted and adapted from Occupational Outlook Handbook, 2000-01 edition. US Department of Labor, Bureau of Labor Statistics.

Additional Information

American Association of Medical Assistants
20 N. Wacker Dr., Suite 1575
Chicago, IL 60606 <http://www.aama-ntl.org>

Information about career opportunities, CAAHEP-accredited educational programs in medical assisting, and the AAMA's Certified Medical Assistant Certification Exam

Accrediting Bureau of Health Education Schools
803 W. Broad Street, Suite 730
Falls Church, VA 22046
<http://www.abhes.org>

For a list of ABHES-accredited educational programs in medical assisting

Registered Medical Assistants of American Medical Technologists
710 Higgins Rd.
Park Ridge, IL 60068-5765. <http://www.amt1.com>

Information about career opportunities and the Registered Medical Assistant certification exam

Joint Commission on Allied Health Personnel in Ophthalmology
2025 Woodlane Dr.
St. Paul, MN 55125-2995. <http://www.jcahpo.org>

Information about career opportunities, training programs, and the Certified

MINUTES

**MONTANA SENATE
58th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN JERRY O'NEIL**, on February 21, 2003 at 3:30 P.M., in Room 317-A Capitol.

ROLL CALL

Members Present:

Sen. Jerry O'Neil, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. John C. Bohlinger (R)
Sen. Brent R. Cromley (D)
Sen. Bob DePratu (R)
Sen. John Esp (R)
Sen. Dan Harrington (D)
Sen. Trudi Schmidt (D)
Sen. Emily Stonington (D)

Members Excused: None.

Members Absent: None.

Staff Present: Dave Bohyer, Legislative Branch
Andrea Gustafson, Committee Secretary

Please Note. These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing & Date Posted: HB 321, 2/13/2003; HB 150,
2/13/2003; SB 192, 2/13/2003
Executive Action: SB 358; SB 347; SB 348; HB 150;
SB 192

HEARING ON HB 321

Sponsor: REP. CINDY YOUNKIN, HD 28, Bozeman

Proponents: Pat Melby, Montana Medical Association
Dennis Salisbury, Physician
Gloria Hermanson, MT Society of Otolaryngology
Lawrence Macaby, Physician
Toni Moilanen, Allergy Technician
Donna McCreedy, Certified Medical Assistant, (CMA)
Susan Cox, CMA

Opponents: None.

Opening Statement by Sponsor:

REP. CINDY YOUNKIN, HD 28, Bozeman was still in another meeting and unable to open. SEN. ESP opened for her. He said HB 321 was to clarify delegation of clinical tasks by physicians to medical assistants who worked in the office. The proponents would elaborate on the bill and asked for support of SB 321.

Proponents' Testimony:

Pat Melby, Montana Medical Association, said they requested REP. YOUNKIN to introduce the bill on their behalf. He first distributed Dr. Neil Roger's written testimony EXHIBIT(phs39a02) who was unable to be there, as well as the written testimony of Sue Weingartner, the Executive Director of the Montana Podiatric Association. EXHIBIT(phs39a03) Mr. Melby said HB 321 was brought for the purpose of clarifying delegation of clinical tasks by physicians to medical assistants who worked in their office. Medical assistants were unlicensed health care workers who worked in physicians' offices and provided a variety of tasks for physicians, many of them administrative, such as assisting with the billing, paperwork, keeping medical records, and filing. They also provided clinical tasks such as taking vital signs and assisting in obtaining patient history, preparing a patient for examination procedures of treatment, preparing and administering medications and immunizations, maintaining the records for that, and coordinating patient care with other healthcare providers. He said medical assistants had provided those services for more than half a century and had been common practice in Montana for that long. Medical assistants were used across the country by physicians and certification was available for medical assistants from the national association of medical assistants. They had to meet certain qualifications for that purpose. Physicians believe

that under current law, the delegation of immunizations, the physician had the ability to delegate those tasks. The board of nursing had some difficulty with this and believed that in the case of administering medications and giving injections, that those tasks were for a licensed nurse. Over the past year, the board of nursing had issued about nine cease and desist orders to medical assistants, threatening them with prosecution if they continued to administer medications or give injections. The purpose of the bill was to first, define what a medical assistant was, which was an unlicensed allied care worker who functioned under the supervision of the physician and who could perform administrative and clinical tasks. Mr. Melby said the substantial part of the bill was in Section 5, last page, which basically provided that the Board of Medical Examiners provide guidelines for the performance of administrative office duties and clinical tasks by medical assistants, including the administration of medication. They would provide the level of physician's supervision required for the medical assistant for those tasks. He said in the House, a caveat was added that would get the board to adopt the requirement of on sight supervision of the medical assistant by a physician for invasive procedures, administration or allergy testing. The physician was also responsible for the medical assistant, ensuring that the medical assistant was competent to perform the clinical tasks and meet the requirements of the guidelines, and that the clinical tasks performed were in accordance of the board's guidelines and good medical practice. The physician was responsible, legally liable for anything that the medical assistant may do that is not within the guidelines and not within good medical practices. He requested an immediate effective date be added to the bill and strongly urged support of the bill.

Dennis Salisbury M.D., Montana Mental Health and Montana Academy of Family Physicians, said it was important to remember that all those in medicine and nursing were about patient safety and providing the best care for patients. The bill assures that. It made the physician responsible for assuring that the training and the administration and the performance on the job were up to the standards of the physician and were in the best interests of the patient. Mr. Salisbury said that when a patient came in who needed an antibiotic, he was responsible for that antibiotic whether or not the person administering it was an RN, an LPN or himself. It was his responsibility. He said this bill was not far from that which had already been practiced for years. He thought the state was in a terrible budget crunch. Medicaid had been cut by 7% in terms of reimbursement and Medicare had been cut by 5.4% in reimbursement. Mr. Salisbury said many physicians' offices were running on a very thin line. In his office he use RN's, LPN's, and himself in various positions and